

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

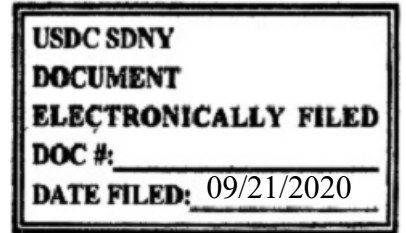
JAMILLAH COOPER,

Plaintiff,

-against-

THE CITY OF NEW YORK, et al.,

Defendant.



19-CV-2609 (DLC) (BCM)

**ORDER**

**BARBARA MOSES, United States Magistrate Judge.**

The settlement conference currently scheduled for **September 22, 2020, at 2:15 p.m.** is hereby ADJOURNED. Chambers staff will contact the parties to reschedule.

Dated: New York, New York  
September 21, 2020

**SO ORDERED.**

A handwritten signature in blue ink, appearing to read "Barbara Moses", written over a horizontal line.

**BARBARA MOSES**  
**United States Magistrate Judge**

**ACKNOWLEDGMENT FORM-SETTLEMENT CONFERENCE**

Counsel of record for each party must complete and sign this form and email it to the Court at Moses\_NYSDChambers@nysd.uscourts.gov, with copies sent simultaneously to all other parties, no later than one week (seven calendar days) before the parties' scheduled settlement conference.

**Name of Case:** \_\_\_\_\_

**Docket No.:** \_\_\_\_\_ **Date of Sett. Conference:** \_\_\_\_\_

**Name of Party Submitting this Form:** \_\_\_\_\_ ☐ **Pltf.** ☐ **Def.**

1. Acknowledgment by Counsel. I am lead trial counsel for the party listed above. I will attend the settlement conference in this action via teleconference, as will my client (if the client is a natural person), or by a client representative (if the client is a non-natural person) who is a decision-maker with knowledge of the case and responsibility for determining the amount of any ultimate settlement. I will arrange for a translator if my client requires that service. I further acknowledge that if insurance carrier approval, consent, or funding is required for my client to settle this action, a representative of each relevant carrier, who is a decision-maker with knowledge of the case and responsibility for determining the amount of any ultimate settlement (or the carrier's portion thereof) must also attend the conference.

2. Client Attendance.\* Check one box:

- ☐ My client is a natural person and will attend the settlement conference via teleconference.
- ☐ My client is a corporation, union, agency or other non-natural person. The following individual will attend the settlement conference via teleconference as a representative of my client:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

3. Carrier Attendance.\* Check one box:

- ☐ No insurance carrier approval is required for my client to settle this case.
- ☐ The following individual will attend the settlement conference via teleconference as a representative of the following insurance carrier:

Name: \_\_\_\_\_

Title/Name of Carrier: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Lead Trial Counsel

\_\_\_\_\_  
Print Name of Lead Trial Counsel

\_\_\_\_\_  
\* If you represent more than one party or require approval from more than one carrier you must submit attendance information for all clients and carriers.